

SAMPSON COUNTY  
**ZONING PERMIT APPLICATION**  
CLINTON-SAMPSON PLANNING DEPARTMENT



**A. APPLICANT/OWNER INFORMATION**

**Applicant Contact Information:**

Name:

Mailing address:

Telephone:

Email:

**Owner Contact Information (if different from applicant):**

Name:

Mailing address:

Telephone:

Email:

**B. PROPERTY INFORMATION**

Address:

City:

State:

Zip Code:

Parcel ID #:

Deed Book:

Page:

Zoning District:

Request Use:

Relevant information related to permit application:

**C. SIGNATURES**

I, \_\_\_\_\_, the undersigned applicant, do hereby certify that to the best of my knowledge and belief all information supplied in and with this application is true and accurate. I understand by signing this application I am responsible for obtaining the proper permits from Sampson County Building Inspections and Environmental Health. Failure to obtain a Certificate of Occupancy Permit from Sampson County Building Inspections will render the zoning permit associated with this application invalid.

Applicant Signature

Date

Property Owner Signature

Date

Office Use Only

Approved By:

Date: